

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

True Resolutions Inc.
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Case Number:

Date of Notice: 05/07/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

1 trial of intrathecal narcotic pump under fluoroscopy

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a male with complaints of pain. On 01/15/15, he was seen in clinic and pain was rated at 7/10. He described low back pain radiating to the bilateral lower extremities. He was on Vicoprofen, Naprosyn, Xanax, and Tramadol and Nexium. On 12/12/14, a surgical clearance report was submitted noting the patient reported taking Naprosyn, Tramadol, and Xanax and his BDI score was 10, and his BAI score was 19. It was noted he was surgically cleared and appeared to be an appropriate candidate for a trial of a spinal cord stimulator at that time. On 02/20/15, the patient was seen in clinic status post trial of a spinal cord stimulator with 0% pain relief. Medications included Vicoprofen, Tramadol, Naprosyn, Xanax, and it was noted that he had an unsuccessful trial of a spinal cord stimulator with 0% pain relief and he did have an intrathecal narcotic pump with excellent pain relief. He stated that the intrathecal narcotic pump was removed due to not having any provider continuing pump maintenance.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 03/12/15, a utilization review report was submitted for the requested trial of an intrathecal narcotic pump under fluoroscopy and noted there were no documented physical examination findings supporting intractable pain due to a disease state that would justify the requested pain pump trial. Additionally, there was a lack of a psychological evaluation obtained stating the patient's pain was not primarily psychological in nature or that the patient had realistic expectations or that benefit would occur with an implantable device despite any psychiatric comorbidity. Therefore the request was non-certified. On 03/18/15, a utilization review report also noted the request was non-certified noting that it was unclear what recent conservative treatment modalities had been attempted and no psychological evaluation was provided. No recent physical examination findings demonstrating functional deficits indicating intractable pain attributable to the lumbar spine. Therefore the request was non-certified.

Guidelines indicate that for this procedure to be considered reasonable, there should be intractable pain secondary to a disease state with objective documentation of pathology in the medical record per symptoms, physical examination, and diagnostic testing, and documentation that further surgical intervention or other treatment is not indicated or likely to be effective, and there should be an independent psychological evaluation stating that pain is not primarily psychological in origin, and that the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric

comorbidities. For this review, the treating physician, and the psychological evaluation was from. The patient has spinal stenosis at L2-3 level, and postoperative changes are seen at L4-5. It was not noted whether further surgery at the L2-3 level would be attempted. Therefore, it does not appear that the patient has met all criteria for the requested procedure. It is the recommendation of this reviewer that the request for 1 trial of an intrathecal narcotic pump under fluoroscopy is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)